# **AFFIDAVIT**

STATE OF WISCONSIN				
Langlade COUNTY	) SS )			

Kelly Jeanne Novak, being first duly sworn on oath, deposes and states as follows:

On Recall Petition # 2621 Signatures #8 + 49
On Recall Petition # 2357 Signature #1
are under the age of 18 yrs of age, Making them
ineligible to sign these petitions.
I attest to this as I know they go to school with my son
and are classmates of his Hisage is 15 yrs of age.
And the class mater ove 15 oll yrs of age.

Jelly J. Novak
[NAME]

Subscribed and sworn to before me this 4/14 day of \_\_\_\_\_\_, 2011.

Notary Public, State of Wisconsin
My Commission 2 price 08/05/2012

C. J. HAATVEDT



### **RECALL PETITION**

TO:	Wisconsin	Government	Accountability	Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant

to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

Q1114 A11422 1 A = = = = =
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of
the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

	1						
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING				
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING				
1. Josh Henner	450 Elm 5+	Vertown  U Village A M 1 G A	19/10/11				
you want		o City	, , , , ,				
2. NO 00 10 0 ( Va 0 0 4 -	41a Clermont St	Ustrown City Antiqa	4/10/11				
30 13	(086 HWY 17 N.	Town Cl Village	4/10/11				
Dany of the	16086 Hux (1711)	1 Town	111111111111111111111111111111111111111				
1. SOUND-TOUND	Rhinelander WI	O City Andrad	4/10/11				
5	438744 Fond Du Lac LN	☐ Town ☐ Village	4/12/11				
Dean routed	Elcho, WI.54428	My city Antigo	7/10/1				
6. A Bings	8121 WHY 47	O Town  Sevillage  O City  The city of the	4/10/1				
undy - profing	APM170 07 STO	D Town	1				
7. Bada maid	0 / 320 HW 34 /	City Lintias	4/1011				
DETIC THE ION	Willy Toot to	<b>№</b> Town	4-151				
8. Cap Rem	Anxigo W/ 54409	O City Phi	17/04/				
9. Oak Point	W4/29 Hwy64	THE TOWN O Village PINERIVER	4-101				
gimoeisi	Market 1615	Town .	<u> </u>				
1 Moly Mont	521418	encity AM 100	4-10-11				
Certification of Circulator							
I. Mark Vicil		, certif	y:				
Treside 4620 W. Credge ave. Denver Colorado 80219							

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(circulator's residence - include number, street, and municipality)

4-12-11

(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="https://gab.xvi.uox.cmail.gab@wi.gov">http://gab.xvi.uox.cmail.gab@wi.gov</a>

Page No. 2357

## RECALL PETITION

TO:	Wisconsin	Government	Accountability	Board !

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant

to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

THE AGINICIDAL ITY HEED FOR MAIN INC.	DUDDOCC WHEN DIFFEDENT THAN MIN	ICIDALITY OF DESIDENCE IS NOT S	DEFICIENT			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF			
01	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING			
1.19 1 Dalid	1265 Rainbow Dr	D Town D Village DrCity Mery     W				
Jamy & Cer	N1575051. W 13		4-8-11			
Candy Rolynson	NS759 Star Nova Id.	Distribution Distr	4-8-11			
3.	11 m dal V 11 m 1-1 m a	Town Village A A C to 1 C	4-8-11			
	Warse Cuty BDD	Ocity JAMA KIANA	4-8-11			
Dona Shulda	7	□ City	4011			
5. Anneth Askowat	103 Sth Ave	Do Town City  Grin	4-8-11			
6. Rosavra Mortanez	339 Linculn St	O Town O Village Decity  Anti-	4-8-11			
7. Kin Bake	Was county M	Patrillage Whitelalle	4-8-11			
8. Tyler Steckbour	1308 HPVN M	D Town BYIllage HNH90	4-8-11			
9. Devin Spiller	611 151 AUR	D Village AAA O	9-8-11			
10. Ricky Alexander	234 lincoln St	O Town O Village Pacity Antigo	4-8-11			

I. Ri	chard	AM	lo dci 1	Certification	on of Circ	culator	, certify:	
1 reside	10.65		Inan	me of circulator) 3 SH Lake			80226	
(circulator's residence - include number, street, and numicipality)								

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No.